

# FOR PROFIT CORPORATION 2005 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90470 026 \*\*\*150.00

DOCUMENT # P 98 0000 10 744

1. Entity Name

M & R HARVESTING, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12765 W. FOREST HILL BLVD

Suite, Apt. #, etc.

SUITE A 1304

City & State

WELLINGTON, FL

Zip

33414

Country

USA

3. Mailing Address

12765 W. FOREST HILL BLVD.

Suite, Apt. #, etc.

SUITE 1304

City & State

WELLINGTON, FL.

Zip

33414

Country

USA

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4. FEI Number

65-1027388

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
MIGUEL R PERALES  
11750 ST ANDREWS PL # 305  
WELLINGTON, FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VS  
JESUS PERALES  
12765 W FOREST HILL BLVD # 1304  
WELLINGTON, FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
JESUS PERALES  
12765 W. FOREST HILL BLVD # 1304  
WELLINGTON, FL 33414

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

JESUS PERALES  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

04-26-05 561-798-9822

CR2E034B (12/02)